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FROM: Theodore R. West

Direct Dial: (717) 237-5349

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 38

MESSAGE:

In re Application No.: 10/776,428, Filed: February 11, 2004
First Named Inventor: BRYAN
Docket No.: 20712-0074

Please deliver to Examiner Wolfe, Art Unit 3725

FAX NUMBER: (717) 237-5300

SECRETARY RESPONSIBLE: Terry Reltz

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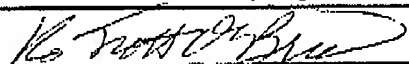
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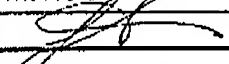
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/776,428
		Filing Date	February 11, 2004
		First Named Inventor	BRYAN
		Art Unit	3725
		Examiner Name	WOLFE
Total Number of Pages in This Submission	38	Attorney Docket Number	20712-0074

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission Copy of ISR and WO from PCT/US2004/003855
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	McNeos Wallace & Nurick LLC K. Scott O'Brian, Attorney Reg. No. 42,946
Signature	
Date	March 7, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Theodore F. West		
Signature	 #47,202	Date	March 7, 2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4610) FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/776,428
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	February 11, 2004
		First Named Inventor	BRYAN
		Examiner Name	WOLFE
		Art Unit	3725
		Attorney Docket No.	20712-0074
TOTAL AMOUNT OF PAYMENT (\$)			180.00

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims:	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Fee _____

Fees Paid (\$)

180

SUBMITTED BY		Registration No.	Telephone
Signature	<i>K. Scott O'Brian</i>	42,946	(717) 232-8000
Name (Print/Type)	K. Scott O'Brian, Esq.	(Attorney/Agent)	Date March 7, 2006

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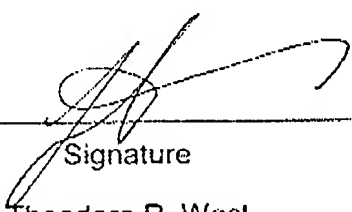
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Transmittal Form (1 page)
Fee Transmittal Form (1 page, in duplicate)
Supplemental Information Disclosure Statement (4 pages)
PTO Form SB/08a (1 page)
Cited References (7 pages)
Copy of ISR and WO from PCT/US2004/003855 (8 pages)
Response under 37 C.F.R. 1.111 (13 pages)

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